

INSTRUCTIONS FOR COMPLETING SCHEDULE A/B (FRONT OF FORM)

Type of Application: Mark (X) the box indicating the type of application. The front of the form is required to be submitted for the following types of applications: Carrier information (demographics) corrections, renewal applications when no preprinted renewal application is received from DMV, or New Carrier or Fleet. The back of the form, mileage report, is required for all new/original, renewal, or add jurisdiction applications.

IRP Account #: When applying for a New Carrier or Fleet IRP account, enter "New." When applying for any other type of activity, enter the previously assigned account number.

Fleet #: Optional, for customer reference only.

Effective Date of IRP Operation: Enter the date (month/day/year) that interstate operation of the vehicle(s) began or the date that new jurisdictions of travel are needed or weight changes occur. This date should match the effective date entered on Schedule C. Penalties may be due for original application or vehicle additions when fees are paid more than 20 days after the effective date or for renewals submitted with fees after their expiration date.

Application Year(s): If you add a vehicle to your fleet 60 days prior to your fleet expiration date, you must mark (X) the box labeled "Current and Subsequent Year" and deposit IRP fees for both years. Two separate Schedule B mileage reports must be submitted with the application and each must be clearly marked to indicate the license year of the mileage report.

Registrant Name/Legal Name: Enter the legal name of the business or owner/operator.

DBA (if applicable): Enter "doing business as" name.

Business Address: Enter the physical business address where the registrant has an established place of business, maintains operational records of the fleet, and accrues mileage. This must be a physical address located in California and may not be the address of a licensed registration service agent.

City/State/Zip: Enter City, State and Zip Code of the business address.

Mailing Address: Enter mailing address (physical or post office box) where correspondence and credentials are to be mailed. This may be the address of a licensed registration service agent.

City/State/Zip: Enter the City, State, and Zip Code of the mailing address.

Registrant Authorized Employee Name: Enter the name of the owner/operator or employee authorized to act on behalf of the registrant. The employee cannot be a registration service agent or his/her employee.

Daytime Telephone #: Enter the daytime telephone number of the owner/operator or employee contact person.

Fax #: (Optional) Enter the FAX number for the owner/operator or authorized employee.

Email Address: (Optional) Enter the Email address for the owner/operator or authorized employee.

Registration Service Agent Business Name: If the registrant will be represented by a DMV licensed registration service agent, enter the agent's business name.

Registration Service Agent Business Address: Enter the registration service agent's business address.

City/State/Zip: Enter the City, State and Zip Code of the registration service agent's business address.

Registration Service Agent Contact Person(s): Enter the name of the contact person for the registration service agent.

Registration Service Agent Mailing Address: Enter the registration service agent's mailing or post office box address.

City/State/Zip: Enter the City, State and Zip Code of the registration service agent's mailing address.

Registration Service Agent Telephone #: Enter the telephone number of the registration service agent.

Registration Service Agent FAX #: (Optional) Enter the FAX number for the registration service agent.

DMV Occupational License Number and Expiration Date: Enter the registration service agent's DMV Occupational License (OL) Number and expiration date.

Email Address: (Optional) Enter the registration service agent's email address.

IFTA #: Enter the International Fuel Tax Agreement (IFTA) number if the IRP registrant files fuel taxes.

CA Motor Carrier Permit (CA#): (Optional) Enter the California Motor Carrier Permit Number issued by DMV if you also operate in intrastate commerce.

FMCSA MC or MX Number: Motor carriers operating “for hire” must be issued a registration certificate from the Federal Motor Carrier Safety Administration (formerly FHWA/ICC). Enter your federal motor carrier number when applicable.

USDOT (Carrier) #: Enter the carrier’s US Department of Transportation (USDOT) number.

Taxpayer ID (FEIN or SSN) #: Enter the registrant’s taxpayer identification number (FEIN, SSN, or EFC).

USDOT (Vehicle) #: Enter the US Department of Transportation (USDOT) number of the motor carrier responsible for vehicle safety.

Taxpayer ID (FEIN or SSN) #: Enter the registrant’s taxpayer identification number (FEIN, SSN, or EFC).

Commercial Driver License #: Enter the state that issued the Commercial Driver License and the License number of the owner/operator.

California PUC-T #: Enter the California Public Utility Commission number for bus, limo, or taxi only.

Printed Name: Enter the printed name of person certifying application.

Signature and date: Signature of the person responsible for the safe operation of the vehicle and the date signed.

Signature (Declaration): The registrant must sign under penalty of perjury. Enter registrant’s title and the date signed.

Type of Operations: Mark (X) all boxes that pertain to your business under PVT – Private Carrier or A – All.

Complete for New Carrier or Fleet IRP Applications Only: All applicants for New Carrier or Fleet IRP Account must answer the three questions shown in this portion of the form. 1) Mark (X) this box YES if your fleet and/or vehicles have history of prior IRP registration in another jurisdiction within the past 24 months. 2) Mark (X) this box YES if your fleet and/or vehicles have any history of prior California IRP registration. If YES, provide the previous California IRP account number. 3) Mark (X) this box YES if the vehicles being registered on the application have operated in interstate commerce under alternative permit registration within the past 24 months.

Registration Service Agent Authorization: Enter the License year. The Registrant and authorized Registration Service Agent (if applicable) must sign and date the application.

INSTRUCTIONS FOR COMPLETING SCHEDULE A/B MILEAGE REPORT (BACK OF FORM)

IMPORTANT: REVIEW THE REQUIREMENTS FOR REPORTING ACTUAL AND ESTIMATED MILEAGE IN CHAPTER 3, “FLEET DISTANCE AND OPERATIONAL WEIGHT REQUIREMENTS” OF THE CALIFORNIA IRP CUSTOMER HANDBOOK BEFORE COMPLETING THIS MILEAGE SCHEDULE. Visit our website at dmv.ca.gov and select “Vehicle Industry Handbooks” to view the California IRP Handbook.

Type of Application: Mark (X) the box to indicate the type of application being submitted.

IRP Account Number: When applying as New Carrier or Fleet IRP account, enter “New.” When applying for any other type of activity, enter the previously assigned account number.

Fleet Number: Enter Fleet number.

IRP License Year: Enter from date and to date.

Registrant Name: Enter the registrant’s name as reported on the Schedule A portion of the application.

Jurisdiction: You must mark (X) the box in front of each jurisdiction where you want to qualify your fleet for IRP operation/registration. If a jurisdiction box is marked, mileage (actual or estimated) must be entered in the related mileage box by the customer or registration service agent.

EST: This box must be checked if the mileage entered in the mileage box has been estimated.

Mileage: Estimated or actual miles must be entered by the customer or registration service agent for all jurisdictions where the fleet will be qualified for IRP operation/registration.

Total Actual Miles: Enter total actual miles reported for all jurisdictions.

Total Estimated Miles: Enter total estimated miles for all jurisdictions.

Grand Total Mileages: Enter combined total of all miles (actual and estimated) for all jurisdiction.

Explain How Mileage was Estimated: Provide explanation of estimated miles or submit supporting documentation.

CALIFORNIA IRP CARRIER DATA-SCHEDULE A/B

TYPE OF APPLICATION: <input type="checkbox"/> Carrier Information Correction(s) <input type="checkbox"/> Add Jurisdiction <input type="checkbox"/> Renewal: Use this form only if no renewal notice was received from DMV. Complete all fields of information. Schedule C form must also be submitted. <input type="checkbox"/> New Carrier <input type="checkbox"/> New Fleet: Complete all fields of information except IRP Account Number to be assigned by DMV. Schedule C must be attached.					
IRP ACCOUNT #		FLEET #	ENTER EFFECTIVE DATE OF IRP REGISTRATION _____/_____/_____		APPLICATION YEAR (S) <input type="checkbox"/> CURRENT YEAR ONLY OR <input type="checkbox"/> CURRENT AND SUBSEQUENT YEAR
REGISTRANT NAME/LEGAL NAME					DBA (IF APPLICABLE)
BUSINESS ADDRESS (MUST BE A CA PHYSICAL LOCATION):					CITY/STATE/ZIP CODE
MAILING ADDRESS					CITY/STATE/ZIP CODE
REGISTRANT AUTHORIZED EMPLOYEE NAME		DAYTIME TELEPHONE #		FAX #	E-MAIL ADDRESS
REGISTRATION SERVICE AGENT BUSINESS NAME		REGISTRATION SERVICE AGENT BUSINESS ADDRESS		CITY/STATE/ZIP CODE	
REGISTRATION SERVICE AGENT CONTACT PERSON(S)		REGISTRATION SERVICE AGENT MAILING ADDRESS		CITY/STATE/ZIP CODE	
REGISTRATION SERVICE AGENT TELEPHONE #		REGISTRATION SERVICE AGENT FAX #		DMV OCCUPATIONAL LICENSE # _____ EXPIRATION DATE _____	E-MAIL ADDRESS
GOVERNMENT AUTHORITY NUMBERS			TYPE OF OPERATIONS		TO BE COMPLETED FOR ORIGINAL IRP APPLICATIONS ONLY:
IFTA # _____ CA Motor Carrier Permit (CA #) _____ FMCSA MC or MX # _____ *US DOT (Carrier) # _____ *Taxpayer ID (FEIN or SSN or RFC)# _____ *US DOT (Vehicle) # _____ *Taxpayer ID (FEIN or SSN or RFC)# _____ Commercial Driver License # State ____ # _____ California PUC-T # _____ USDOT Number *Pursuant to section 8100 of the California Vehicle Code, applications for apportioned registration must contain both the US DOT and a Taxpayer Identification Number (TIN) for the safe operation of each vehicle being registered. I _____ certify that I am familiar with the State and Federal Motor Safety Laws and Regulations and/or the Federal Hazardous Materials Regulations.			(“X” all that are applicable) _____ COM – Common Carrier _____ CON – Contract Carrier _____ FHE – For Hire Exempt _____ FHR – For Hire Rental _____ FOR – For Hire _____ PVT – Private Carrier _____ A – ALL _____ E – Exempt _____ H – Household Goods _____ L – Logs _____ P - Passengers		1) Does this fleet and/or vehicles have any history of prior IRP registration in another jurisdiction within the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes indicate state _____ and year _____ 2) Does this fleet and/or vehicles have any history of prior California IRP registration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes show ca IRP acct # _____ Registrant name: _____ 3) Have the vehicles registered in this application been operated in interstate commerce under alternative permit registration within the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes indicate states of travel: _____
Signature _____ Date _____			Registration Service Agent Authorization: The undersigned duly appoints the Registration Service Agent to represent me for all DMV purposes relating to the IRP registration of my fleet/vehicles for the _____ license year. Signature of Registrant _____ Date _____		
Declaration: I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing information entered on both sides of this form is true and correct.			The undersigned authorized service agent declares, under penalty of perjury, that the information contained on this and all attached IRP documents is true and correct according to information personally known by or provided to me. Signature of Authorized Registration Service Agent _____ Date _____		
Signature _____ Title _____ Date _____					

CALIFORNIA IRP CARRIER DATA - SCHEDULE A/B

TYPE OF APPLICATION: <input type="checkbox"/> New Carrier <input type="checkbox"/> New Fleet <input type="checkbox"/> Renewal <input type="checkbox"/> Add Jurisdiction <input type="checkbox"/> Amended by Request of DMV			
IRP ACCOUNT #	FLEET #	IRP LICENSE YEAR: Month _____ Year _____ TO Month _____ Year _____	REGISTRANT NAME

INSTRUCTIONS:

- Enter mileage for the period July 1 through June 30 immediately prior to the year of registration.
- Enter an X in the box in front of each jurisdiction for which you are applying for IRP operating authority.
- Enter an X in the "Est" column for any jurisdiction mileage which has been estimated and give a full explanation of how the miles were estimated.

Jurisdiction			Est	Mileage	Jurisdiction			Est	Mileage	Jurisdiction			Est	Mileage
<input type="checkbox"/>	AB	Alberta (I)			<input type="checkbox"/>	MD	Maryland (I)			<input type="checkbox"/>	OK	Oklahoma (I)		
<input type="checkbox"/>	AL	Alabama (I)			<input type="checkbox"/>	ME	Maine (I)			<input type="checkbox"/>	ON	Ontario (I)		
<input type="checkbox"/>	AR	Arkansas (I)			<input type="checkbox"/>	MI	Michigan (I)			<input type="checkbox"/>	OR	Oregon (I)		
<input type="checkbox"/>	AZ	Arizona (I)			<input type="checkbox"/>	MN	Minnesota (I)			<input type="checkbox"/>	PA	Pennsylvania (I)		
<input type="checkbox"/>	BC	Brit. Columbia (I)			<input type="checkbox"/>	MO	Missouri (I)			<input type="checkbox"/>	PE	Prince Ed. Is. (I)		
<input type="checkbox"/>	CA	California (I)			<input type="checkbox"/>	MS	Mississippi (I)			<input type="checkbox"/>	QC	Quebec (I)		
<input type="checkbox"/>	CO	Colorado (I)			<input type="checkbox"/>	MT	Montana (I)			<input type="checkbox"/>	RI	Rhode Island (I)		
<input type="checkbox"/>	CT	Connecticut (I)			<input type="checkbox"/>	MX	Mexico			<input type="checkbox"/>	SC	S. Carolina (I)		
<input type="checkbox"/>	DC	Dist. Columbia (I)			<input type="checkbox"/>	NB	New Brunswick (I)			<input type="checkbox"/>	SD	S. Dakota (I)		
<input type="checkbox"/>	DE	Delaware (I)			<input type="checkbox"/>	NC	North Carolina (I)			<input type="checkbox"/>	SK	Saskatchewan (I)		
<input type="checkbox"/>	FL	Florida (I)			<input type="checkbox"/>	ND	North Dakota (I)			<input type="checkbox"/>	TN	Tennessee (I)		
<input type="checkbox"/>	GA	Georgia (I)			<input type="checkbox"/>	NE	Nebraska (I)			<input type="checkbox"/>	TX	Texas (I)		
<input type="checkbox"/>	IA	Iowa (I)			<input type="checkbox"/>	NH	New Hampshire (I)			<input type="checkbox"/>	UT	Utah (I)		
<input type="checkbox"/>	ID	Idaho (I)			<input type="checkbox"/>	NJ	New Jersey (I)			<input type="checkbox"/>	VA	Virginia (I)		
<input type="checkbox"/>	IL	Illinois (I)			<input type="checkbox"/>	NL	Newfoundland			<input type="checkbox"/>	VT	Vermont (I)		
<input type="checkbox"/>	IN	Indiana (I)			<input type="checkbox"/>	NM	New Mexico (I)			<input type="checkbox"/>	WA	Washington (I)		
<input type="checkbox"/>	KS	Kansas (I)			<input type="checkbox"/>	NS	Nova Scotia (I)			<input type="checkbox"/>	WI	Wisconsin (I)		
<input type="checkbox"/>	KY	Kentucky (I)			<input type="checkbox"/>	NT	NW Territories			<input type="checkbox"/>	WV	West Virginia (I)		
<input type="checkbox"/>	LA	Louisiana (I)			<input type="checkbox"/>	NV	Nevada (I)			<input type="checkbox"/>	WY	Wyoming		
<input type="checkbox"/>	MA	Massachusetts (I)			<input type="checkbox"/>	NY	New York (I)			<input type="checkbox"/>	YT	Yukon Territory		
<input type="checkbox"/>	MB	Manitoba (I)			<input type="checkbox"/>	OH	Ohio (I)							

Explain how mileage was estimated _____ _____ _____	Total Actual Miles	
	Total Estimated Miles	
	Grand Total Mileages	